

INTRA-UTERINE MEDICATION.

BY

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My object in bringing the subject of intra-uterine medication before the Society is simply and solely to detail my experience of its utility in the treatment of uterine disorders, and to demonstrate the various advantages I have observed to follow its judicious, careful and regular employment. The physiology, not to speak of the pathology of the uterus and its appendages, to my mind are far from being in a satisfactory condition, and my theories and conclusions, I am quite prepared to find, may be considered crude and difficult of acceptance, yet such as they are, I have no hesitation in submitting them to the kindly consideration and judgment of the members who have done me the honour of being present to-night.

My feeling is that the uterus in a very large majority of cases is the *fons et origo mali* in a great many of the various affections, to which the tubes and ovaries are liable, and therefore through its medium we have it in our power not only to avert such diseases, but to arrest them when they are making progress, and even cure them when they have become established. In flexions, also, I hold we are too liable



to attach undue importance to the so-called supports of the organ. It must not be inferred, however, that I do not recognise the great utility of some of these, amongst which I would enumerate the sacro-uterine ligaments, the vagina and in relation to it, the perineum; but when we come to speak of the broad and round ligaments I must express my doubts. My conviction is, we do not sufficiently recognise the importance of an intact vagina and the normally rigid condition of the uterus itself, its comparatively light weight and its tubular formation. It is held by some eminent authorities that uterine engorgement is not a necessary result of displacements, especially flexions. Dr. Mann, of the University of Buffalo, says, "The uterine artery gives off a large number of parallel branches, which run at right angles to the main trunk and anastomose freely with the corresponding branches on the opposite side, so the uterus may be regarded as composed of numerous segments, each of which has its independent vascular supply. It is obvious, without argument, that no inflexion, however sharp, can cause any considerable interruption of the circulation either above or below the point of flexion." Now this is very true with regard to the arterial supply, and this is the more emphasized when we take into consideration the elasticity of the walls of the arteries, but what about the veins and venous sinuses which exist, with their membranous coats which are so

easily compressed at the line of flexure. What Professor Mann holds up as an argument against the possibility of engorgement strengthens my view, and if it does so it certainly makes his theory untenable. It is because the afferent vessels are so little interfered with and the efferent vessels are so much, that in flexions engorgement with its evil consequences do supervene.

If we view a healthy uterus we cannot but be struck with its comparatively pallid appearance, and yet we know from a study of its minute anatomy, how vast is the network of bloodvessels and lymphatics it contains. Whence then this pallor? Doubtless it is due to the tonus of its muscular walls, and this is the point to which I desire to direct special attention. Indeed, so long as this tonic condition of the uterine walls exists, flexion is impossible, and this must be departed from either physiologically (which occurs just prior to and during menstruation), or pathologically, before a flexion can possibly result. Remove the tonicity of the muscular fibres which regulate the arterial and venous circulation, then engorgement results and a flaccid condition of the walls ensues. Thus we have sudden and violent concussions on the sacrum producing retroflexions when the accident occurs near the menstrual epoch. I may here state that in my experience every traumatic case of retroflexion in nulliparous women has occurred just about

the menstrual period, and what aggravates the tendency is, that in consequence of the pain and discomfort which results, the patient is put to bed, where she lies on her back, and in all probability permits the rectum to become overloaded, by which the uterus is firmly held down in its flexed position. These remarks are, perhaps, slightly out of the way, and yet they are necessary to illustrate what I am about to say.

My first question then is, what is the best application, as a rule, to employ in intra-uterine medication? Apostoli uses electricity, but that I merely refer to as I can see no advantage it possesses. Moreover, none of his apostles seem to have any idea how it acts, or which pole should be inserted in different circumstances. My impression is, that the effect is very similar to that produced by other applications, viz., a stimulus to the muscular fibres of the uterine walls, causing them to spasmodically contract and thus expel the contents of the surcharged veins and sinuses. I have treated over 2,000 cases of endometritis, and I flatter myself the results will compare favourably with those of Apostoli.

It will be quite unnecessary for me to refer to the various medicaments which have been and are in vogue, for the purpose of treating the endometrium. So far as I am able to judge that which yields the best results is the iodised phenol, the proportions

being 320 grains of iodine dissolved in 8 ounces of liquefied carbolic acid. This preparation possesses many advantages. It is aseptic and antiseptic in the highest degree, thus its employment is not attended with any of the dangers of Apostoli's appliances, and it yields equally good results. Secondly, the carbolic acid exercises a powerful anodyne effect on the endometrium, thus the pain produced by the application soon subsides; and thirdly, it possesses powerful alterative properties.

The first class of cases that I will take up is that of endometritis, which, as we know, is the source of so much misery, and I am convinced is also the factor of those inflammatory diseases which affect the Fallopian tubes, and not only these, but through the lymphatic connection with the ovaries it may in all probability set up disease in these also. It goes without saying that the ovaries in a very large majority of cases of endometritis do suffer from inflammation in consequence of the serious congestion which follows in the wake of the primary affection of the uterus. In proof of this, I may state that I have frequently observed cases of salpingitis get completely well under the treatment of endometritis, and also it has been my good fortune to note the steady decrease and complete disappearance of oöphoritis under the same circumstances. The frequent, nay, almost constant presence of ovarian hyperæsthesia in

endometritis points conclusively to the fact that a morbid condition of the ovaries very frequently depends solely upon a diseased condition of the uterus, and the disappearance of the oöphoritis simultaneously with the endometritis puts this beyond all doubt. While on this subject it is worthy of note that the pain produced by an application to the endometrium in these circumstances is referred by the patient more to the site of the ovaries than to the uterus itself.

Before quoting any cases illustrative of my method of employing medicaments to the endometrium, I would draw attention to the possibility in every long standing case of their being present a granular, if not actually a fungoid, condition, to boot. It is therefore of great consequence to remove such growths as a preliminary to the strictly medical part of the treatment, whereby the proceedings will be very much shortened. For this purpose I have had made a new form of curette which can be employed with much greater ease, and less pain than those I have previously been acquainted with.

Mrs. R., æt. 38, had two children, the younger being ten years of age. Patient had not been well since the birth of this child, and was, when I first saw her, in very feeble health. She had consulted several medical men, and had been more or less under treatment all these years without deriving

benefit. She complained of acute pain over right ovary, which was aggravated on the slightest exertion, of great weakness which was very pronounced after the least fatigue, of lowness of spirits, irritability of temper, and in fact all the train of symptoms which we are all so familiar with in cases of endometritis.

On examining per vaginam I found the perineum was deficient, having been lacerated during her first confinement. The womb was lying low, very flabby, sensitive to touch, and from its orifice a muco-purulent secretion was exuding.

On applying iodised phenol to the endometrium great pain was produced, especially in the region of the right ovary. The applicator was permitted (as is my custom) to remain within the uterine cavity for a minute or so, until in fact it had excited sufficient muscular contraction to render its withdrawal more difficult than its entrance. It was then withdrawn, and a tampon saturated with the glycerine of alum and boracic acid placed in the vagina. This was permitted to remain for three days. At this time I advised the patient to come into town and have the perineum repaired, as I was of opinion that the metritis and prolapsus were due very largely to this defect, and not only would the uterine mischief be more speedily removed were this preliminary step taken, but the cure would have a much greater chance of being

permanent. She accordingly had the perineum repaired by the flap method, and afterwards was under treatment for four months, during which period I applied iodised phenol once a week to the whole extent of the lining membrane, after which a tampon was introduced and allowed to remain for three days, when it was removed and a new one put in its place and permitted to remain for a like period. Now this patient had thirty miles to travel each time she came to see me, which with the return journey must necessarily have retarded her recovery. Had she been resident in Glasgow I am convinced her recovery would not have been so long delayed, yet notwithstanding this drawback she was in very good health by the end of four months, and expressed herself as feeling better than she had done for ten years. Besides the local treatment she took $2\frac{1}{2}$ grains of valerianate of zinc, and 2 grains of extract of conium in pill forenoon and afternoon, the bowels were cleared by an enema every second day, and other hygienic measures were carefully attended to. Now here was a case which had been under treatment for eight years without deriving the slightest benefit, recovering, when the treatment was directed to the endometrium, in four months. We surely do not wish any better evidence than this of the utility of intra-uterine medication in suitable cases.

I will now proceed to give the history of a distinctly

different example, and will do so as briefly as possible, for it would be a waste of time to describe the subjective symptoms with which we are all so familiar.

Mrs. T., æt. 33, married six years, two children, youngest four years of age. Patient has not felt well since last confinement, her health gradually going down since, although she has gained very much in weight. During the past two years she has suffered very much from metrorrhagia, which at all times continued for three out of the four weeks, and when it did cease a purulent discharge took its place. Vaginal examination disclosed an anteverted, enlarged, and flaccid uterus. The uterus was curetted and underwent two months of intra-uterine and tampon treatment, but in this case the application was made bi-weekly. She was also put upon 15-grain doses of the muriate of calcium, three times daily after food because of her strumous appearance. She called upon me three months after the treatment was commenced and one month after it had been discontinued to report herself, when she expressed herself as feeling quite well, and informed me that her menses the last time had continued only five days. I need not tell you, gentlemen, that it would be too much to expect every case of this disease to yield so readily to treatment as those I have detailed, but even if we get equally satisfactory results in six months we have reason to be satisfied, and in the very large majority

of cases we shall not need to persevere for any such lengthened period. For my part I hold there is no class of cases which give so much gratification to a medical man as this form of disease, as the success of treatment is so certain and the relief to the patient so pronounced and visible, not only to herself, but to her friends.

I need not give in detail any more cases of this disease which have come under my notice, though this would be no difficult matter. I would, however, like to speak of its prevalence amongst young ladies, giving rise to most acute dysmenorrhœa as well as undermining the physical and nervous health of the individual. At this moment I have under treatment three cases of hystero-epilepsy in young ladies, which, I am convinced, will get well when the uterine mischief is removed, and thus repeat an experience which I have frequently had in the past. We must not overlook the probability that if a girl who is suffering from endometritis gets married, the disease will without doubt increase in severity and sterility will certainly result. This is a most delicate but important matter for consideration, but, nevertheless, it should be dealt with whenever it exists, or most assuredly a miserable married life will be the experience of your patient. In almost every such case there will exist vaginismus to a very considerable extent, so that it will be necessary, before any

consecutive treatment can be carried out, to overcome this in the first instance. I happened to see one of my unmarried patients to-day who had been under treatment during three months for metritis. She suffered most intensely at each period from dysmenorrhœa and also had epileptic seizures. The metritis is now well and with it the dysmenorrhœa and epileptic fits have gone also.

I will now proceed to speak of intra-uterine medication in a class of cases where it is not usually employed, but where I have found it very useful, this being due to the fact that displacements are invariably associated with a softened condition of the uterine walls, resulting from a congested condition of the parts. And I may here be permitted to remark that though not in every case successful, the removal of the flaccid condition of the uterine walls which so uniformly prevails in flexions, has in a very large majority of instances done more in my hands to remove the displacement and give a permanency of relief than that obtained by the employment of any variety of pessary that I am acquainted with. It will be obvious to any unprejudiced mind that the result will be much more satisfactory if, while we restore the flexed organ to its normal position and at the same time employ means to give tone to the uterine walls, we will obtain better results than if we simply keep the debilitated organ in position by a pessary. In the former case we not

only relieve the uterine engorgement, but also the concomitant constitutional symptoms, and thus improve the general health of the patient, whereas in the latter the health of the individual remains very much in *statu quo* from the fact that the atonic and hypertrophied condition of the uterus remains, or at all events disappears very slowly. It must not be inferred, however, from what I have said that I discard the employment of pessaries altogether in the treatment of flexions, for in many instances they prove a most useful auxiliary in the early stages of treatment. My plan is first by means of the sound to ascertain the curve of the flexed organ, and then afterwards bend the applicator (which I have made of soft copper wire) as the sound indicates. Having armed this with cotton wool firmly wrapped round the distal end to the extent of three inches, and saturated it with iodised phenol, it is passed up the uterine canal to the fundus. By means of the applicator the uterus is made to revolve till it occupies its normal position and there it is retained for a few seconds. As a rule the uterine walls will contract firmly on the foreign body and remain rigid and erect. The applicator is then withdrawn, when it will be found that for the time being the uterus does not return to the previous abnormal position, but remains in that to which it has been restored. A tampon soaked with glycerine of alum and boracic

acid is then packed in behind the uterus and allowed to remain for three days, when it is removed and another substituted. As a rule it will be unnecessary to make the application to the endometrium more frequently than once a week.

The object of the tampon is two-fold; first, to retain the uterus in position, and, secondly, to act as a depleting agent to the hypertrophied tissues.

By this method it has frequently been my good fortune completely to overcome the tendency of the uterus to reassume its retroflexion, in short to restore it to its normal position, which it is able to retain without mechanical support. The treatment of such cases will, as a rule, occupy from three to four months, and during this period, it is my custom to introduce a Hodge's pessary before the menses are expected, and allow it to remain till the flow has ceased, with the view of retaining any advantage that has previously been gained, then afterwards the treatment is resumed.

Two cases will be sufficient to illustrate the foregoing remarks :

Case 1.—Mrs. P., æt. 35, consulted me about two years ago ; she had slight retroversion combined with retroflexion and considerable hyperplasia of the uterus. The os and uterine canal were patulous, from which was oozing a muco-purulent discharge. She complained of the usual symptoms in such cases,

but her chief complaint consisted in the fact that she had miscarried eight consecutive times about the $3\frac{1}{2}$ months. The cause of the frequent mishaps was to my mind due not only to the unhealthy condition of the uterus but to its position, as from the relation it bore to the hollow of the sacrum, I could see that if pregnancy existed, the enlarging uterus would become impacted in the sacral cavity, and therefore, would be unable to attain any further development, when, as a consequence, abortion would follow. I therefore proceeded with the plan of treatment which has just been described, and with the most satisfactory results as far as the flexion and version were concerned, but I took the precaution of inserting a Hodge's pessary within the vagina at her last visit to my house. Seven months ago she sent for me to ascertain the position of the womb, as she was again pregnant and was naturally very anxious. I, however, found the position of the organ all that could be desired, and she has gone on most satisfactorily since, and expects her confinement in April.

Case 2.—Mrs. L., æt. 36, consulted me in September last. She was wearing a Hodge's pessary for retroflexion, but complained of it hurting her very much. She dates her first illness from the birth of her last child which took place in China eight years ago, since which time she has been more or less of an invalid. The uterus was exquisitely sensitive, and

she always experienced pain both immediately prior to and during the first day of the menstrual flow. There was not only metritis but, as I have said, excessive hyperæsthesia of the organ, so that I was afraid to interfere with the endometrium before I had first reduced the metritis by glycerine and boracic acid tampons which were introduced bi-weekly for a month, after which time I employed intra-uterine medication once a week, each time restoring the womb to its normal position, and retaining it there by one or more tampons properly adjusted. During the whole period of treatment which occupied three months, she expressed herself as being highly gratified by the results, being conscious of gradually returning health. At the end of the period named, the uterus was able to retain its normal position, and there was complete freedom from any inflammatory symptoms. I must confess, however, that the results of the treatment are not either so rapidly obtained or so uniform as in this case, but that they can in many instances be produced is sufficient to encourage us in giving this method a further trial, and I would venture to solicit the judgment of this Society upon it.

In conclusion, I come to speak on a subject which to us as gynæcologists is, at the present moment, engrossing our attention very much. I refer to the treatment of fibroids of the uterus. At the outset I

must confess I am neither an apostle of Apostoli nor a disciple of Mr. Lawson Tait. If on the one hand these growths can be got rid of by electricity applied to the endometrium, or by the more dangerous method of applying the current directly to the tumour, or on the other by removal of the uterine appendages, by which the blood supply of the ovarian vessels is removed, I would ask, can the end not be accomplished by so restoring the equilibrium of the uterine circulation and tonus of its muscular structure that the blood supply will only be sufficient to nourish the normal tissue to the disadvantage of the adventitious growth, so that the latter will assume the character of a foreign body, which it undoubtedly is, and the former by its contractile power, will either be the means of starving it out of existence, or expelling it from its nidus? These may be considered very crude ideas, but facts are stubborn things, and with these remarks I will proceed to defend the position I have taken up. Seven years ago I was called to attend a case of endometritis which had completely undermined the health of the patient. She had copious muco-purulent discharge from the uterine canal and at the catamenia the flow was excessive. On examination I could detect a small myoma in the anterior wall just beyond the cervix, but to this I gave very little attention, and proceeded to treat the endometritis, which existed, in my usual way. The result was so far satisfactory that

the patient improved very much in health, but whenever treatment was discontinued she fell back again to her former condition of ill health, till on one occasion on applying to the canal, the applicator, when withdrawn, was minus the cotton wool with which it was loaded, and do what I could I failed to extract the cotton, so I was obliged to console myself with the fact that it was charged with an aseptic substance, and would do little or no harm, though it did not come away for a day or two. Within a few hours of the patient's return home, she was seized with violent uterine pains, and I was sent for, to find her suffering very acutely. In a short time, however, the small fibroid before mentioned had shot down into the vagina, and with it the cotton I had left in utero, when all pain ceased. I removed the polypus, and from that time the patient has not suffered from any uterine trouble, but on the contrary has borne two children.

During the past three years I have treated many cases of fibroids by acting on the endometrium, and through it upon the uterine walls, and with the most gratifying results, which I must however leave to be the subject of a future communication to the Society.

